

Type a plus sign (+) inside this box ☐

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<p>0010/PTO Rev. 6/95</p> <p style="text-align: center;">U.S. Department of Commerce Patent and Trademark Office</p> <h2 style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2> <p> <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Attorney Docket Number</td> <td>M 6677 PCT/US HST</td> </tr> <tr> <td>First Named Inventor</td> <td>Goodreau, et al</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td>09/914,056</td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	M 6677 PCT/US HST	First Named Inventor	Goodreau, et al	COMPLETE IF KNOWN		Application Number	09/914,056	Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	M 6677 PCT/US HST														
First Named Inventor	Goodreau, et al														
COMPLETE IF KNOWN															
Application Number	09/914,056														
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:
 My residence, post office address, and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITION AND PROCESS FOR TREATING METAL SURFACES

(Title of the invention)

the specification of which
☐ is attached hereto
 OR
☒ was filed on (MM/DD/YYYY) March 3, 2000 as United States Application Number or PCT International Application Number PCT/US00/05766 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed	YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/122,810	March 4, 1999	
60/158,171	October 7, 1999	
60/147,932	August 9, 1999	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

Type a plus sign (+) inside this box ☐**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number	or label	00423
OR				

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,061	Daniel S. Ortiz	25,123
Stephen D. Harper	33,243		
Glenn E. J. Murphy	33,539		
Kimberly R. Hild	39,224		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **00423** OR ☐ Fill in correspondence address below

Name	Wayne C. Jaeschke		
Address	Henkel Corporation - Patent Department		
Address	2500 Renaissance Blvd, Suite 200		
City	Gulph Mills	State	PA
Zip	19406		
Country	USA	Telephone	610-278-4920
Fax	610-278-6548		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Bruce	Middle Initial	H.	Family Name	Goodreau
Inventor's Signature	<i>Bruce H. Goodreau</i>			Date	September 11, 2001
Residence: City	Romeo	State	MI	Country	USA
Post Office Address	11455 35 Mile Road				
Post Office Address					
City	Romeo	State	MI	Zip	48065
Country	USA			Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Robert			Middle Initial	W.		Family Name	Miller		Suffix e.g. Jr.	
Inventor's Signature	<i>Robert W. Miller</i>						Date	September 10, 2001			
Residence: City	Oakland			State	MI		Country	USA		Citizenship	USA
Post Office Address	1510 W. Predmore Road										
Post Office Address											
City	Oakland			State	MI		Zip	48363		Country	USA
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Thomas			Middle Initial	J.		Family Name	Prescott		Suffix e.g. Jr.	
Inventor's Signature	<i>Thomas J. Prescott</i>						Date	September 10, 2001			
Residence: City	Troy			State	MI		Country	USA		Citizenship	USA
Post Office Address	1601 Brentwood										
Post Office Address											
City	Troy			State	MI		Zip	48098		Country	USA
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Christopher			Middle Initial	A.		Family Name	Engel		Suffix e.g. Jr.	
Inventor's Signature	<i>Christopher A. Engel</i>						Date	Sept 17, 2001			
Residence: City	Farmington			State	MI		Country	USA		Citizenship	USA
Post Office Address	34133 Cortland										
Post Office Address											
City	Farmington			State	MI		Zip	48335		Country	USA
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Michael			Middle Initial	A.		Family Name	Murphy		Suffix e.g. Jr.	
Inventor's Signature	<i>Michael A. Murphy</i>						Date	September 10, 2001			
Residence: City	Armada			State	MI		Country	USA		Citizenship	USA
Post Office Address	24914 Armada Ridge										
Post Office Address											
City	Armada			State	MI		Zip	48005		Country	USA
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto											

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		James			Middle Initial		P.		Family Name		Bershas		Suffix e.g. Jr.		
Inventor's Signature										Date		September 10, 2001			
Residence: City		West Bloomfield			State		MI		Country		USA		Citizenship		
Post Office Address		2284 Strader													
Post Office Address															
City		West Bloomfield			State		MI		Zip		48324		Country		
											USA		Applicant Authority		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		John			Middle Initial		R.		Family Name		Pierce		Suffix e.g. Jr.		
Inventor's Signature										Date		September 10, 2001			
Residence: City		Huntington Woods			State		MI		Country		USA		Citizenship		
Post Office Address		13124 Winchester													
Post Office Address															
City		Huntington Woods			State		MI		Zip		48070		Country		
											USA		Applicant Authority		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name					Middle Initial				Family Name				Suffix e.g. Jr.		
Inventor's Signature										Date					
Residence: City					State				Country				Citizenship		
Post Office Address															
Post Office Address															
City					State				Zip				Country		
													Applicant Authority		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name					Middle Initial				Family Name				Suffix e.g. Jr.		
Inventor's Signature										Date					
Residence: City					State				Country				Citizenship		
Post Office Address															
Post Office Address															
City					State				Zip				Country		
													Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto															